

**UNCONTESTED GRADE CHANGE FORM  
GRADUATES ONLY**

Submit completed form to the Records Office.  
Note deadline for grade change initiation\*

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date Grade Change was initiated\*: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Section Number: \_\_\_\_\_ Semester or Term Taken: \_\_\_\_\_

Grade Originally Recorded: \_\_\_\_\_ Modified Grade: \_\_\_\_\_

Reason for Grade Change:

Error in Grading

By agreement between faculty member and student. Faculty member must provide complete explanation:

Note: **\*Uncontested grade changes must be initiated within one calendar year of the semester in which the grade was issued**, (i.e., a fall semester grade must be initiated before the last day of the next fall semester, a spring semester grade must be initiated before the last day of the next spring semester, and a summer term grade must be initiated before the end of the next summer term).

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Student signature: \_\_\_\_\_

**Signatures of the following signify approval:**

Instructor:	_____	Date Approved:	_____
Department Chair:	_____	Date approved:	_____
Dean:	_____	Date approved:	_____

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<b>Records Office Use Only:</b>
Grade Change Completed by Deadline _____
Accepted By: _____
Date: _____
Computer Updated By: _____
Date: _____